

DISBURSEMENT / CHECK REQUEST FORM

RUSH CHECK PRINT IN: OFFICE
(Use Drop Down Box)

☒ CHECK☐ WIRE☐ PETTY CASH

CURRENCY TYPE: US \$

(Mark all appropriate boxes throughout this form with an "X")

(Use Drop Down Box)

Payable To: American Express

Vendor #

Amount: 180.00

Date: July 8, 2009

(m/d/y)

Description of Charges: Information Disclosure Statement

10/591,830

364433-000008

CHARGE TO:

Client Charges:

C/M Name: Omnalink	C/M Number: 364433-000008	Cost Code:	Amount: 180.00
C/M Name:	C/M Number:	Cost Code:	Amount:
C/M Name:	C/M Number:	Cost Code:	Amount:
C/M Name:	C/M Number:	Cost Code:	Amount:
C/M Name:	C/M Number:	Cost Code:	Amount:

Firm Charges:

Expense Desc.:	G/L Acct. No.:	Amount:
Expense Desc.:	G/L Acct. No.:	Amount:
Expense Desc.:	G/L Acct. No.:	Amount:
Expense Desc.:	G/L Acct. No.:	Amount:

TOTAL CHARGES: 180.00

Instructions:

☐ Call ext. _____ to pick up check
 ☐ Mail check to payee
 ☒ Return check to Margot Filipowicz

ACCOUNTING USE ONLY

Date: _____

Interofficed ☐Mailed ☐Picked-up ☐

Voucher Number _____

Signature of petty cash recipient: _____

APPROVALS

Approved By: _____

(PLEASE SIGN)

Print Name: _____

Dale S. Lazar 12761

Approved By: _____

(PLEASE SIGN)

Print Name: _____

Approved By: _____

(PLEASE SIGN)

Print Name: _____

Requested By: Dale S. Lazar 12761

Requesting Attorney Employee ID No.: 12761

(REQUIRED)

Practice Group or Cost Center Code: 760

(REQUIRED)